



Applicant Background Information

Please enter a check mark by the entity which best describes the applicant and complete the requested information. **You must choose one of the following.**

☐ **Corporation**

1. Parent Corporation

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Contact Person:

Title:

2. Subsidiary Corporation:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Contact Person:

Title:

3. Directors:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

☐ Please enter a check mark, if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

4. Officers:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

☐ Please enter a check mark, if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

Applicant Background Information (continued)

☐ Limited Liability Company

1. List each member.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

☐ Please enter a check mark, if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

2. List any manager(s) who, through the articles of organization, are vested the management of the business, property and affairs of the limited liability company.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

☐ Please enter a check mark, if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

Applicant Background Information (continued)

☐ Limited Partnership

1. General Partners:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

☐ Please enter a check mark, if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

2. Limited Partners:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

☐ Please enter a check mark, if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

Applicant Background Information (continued)

☐ General Partnership

1. General Partners:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

☐ Please enter a check mark, if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

Applicant Background Information (continued)

☐ Voluntary Association

1. List authorized persons of association or list all members of association.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

☐ Please enter a check mark, if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

☐ Individual or Other Business Type

1. Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

2. State other names by which the applicant is known, including business names.

Name:

☐ Please enter a check mark, if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.